

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1. Date of Request: _____

2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

FEE VALUE
ACCOUNTABILITY
DEPOSIT ACCOUNT NO.

03 2775

FEE
CODE

VALUE
PAID/REFUNDED

1632 (500)

1642 400

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 03-2775

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

Arlington Alvarado

National Stage Processing

Paralegal Specialist

PHONE:

OFFICE:

(703) 285-2424

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: